## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
26474	7590 07/10	/2008	hav	e its own certificate	of mailing or transmission.		
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W/131111101011, DC 20003				(Depositor's name)			
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
08/325,219			CHRISTIAN SCHADE				
TITLE OF INVENTION: USE OF COPOLYMERS OF CARBOXYLIC ACIDS AND LONG-CHAIN COMPOUNDS WITH ISOLATED C-C MULTIPLE BONDS AS THICKENERS OR DISPERSANTS							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUL	E DATE DUE	
nonprovisional	NO	\$1440	\$0	\$0	\$1440	10/10/2008	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
LIPMAN, BERNARD		1796	526-319000	<del>-</del>			
1. Change of corresponde CFR 1.363).  Change of correspondence of	ence address or indication ondence address (or Cha 3/122) attached.	•	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
"Fee Address" indi PTO/SB/47: Rev 03-0 Number is required.	ication (or "Fee Address' 2 or more recent) attach	' Indication form ed. Use <b>of a Customer</b>	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
BASF AKTIENGESELLSCHAFT LUDWIGSHAFEN, GERMANY							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) a  Sissue Fee  Publication Fee (No	o small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14.14.37 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature Wild P. By. Date October 10, 2008							
Typed or printed name Michael P. Byrne					54,015		
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